

CWD SAMPLE SUBMISSION FORM/DEATH CERTIFICATE

CERTIFICATE #

OWNER NAME _____ FARM NAME _____

ADDRESS _____ FARM ADDRESS _____

PHONE # _____

FAX # _____

EMAIL ADDRESS _____

| | | | | | |
|--|------------|------------|---------------------------------|--|---------------------|
| DATE SHIPPED _____ <input type="checkbox"/> STANDARD SAMPLE <input type="checkbox"/> EXPEDITE SLAUGHTER SAMPLE <input type="checkbox"/> CHECK ENCLOSED | | | | SAMPLE TYPE <input type="checkbox"/> HEAD ON GEL ICE <input type="checkbox"/> BRAIN IN FORMALIN | |
| # OF SAMPLES SUBMITTED _____ | | | | LAB ACCCESSION # _____ | |
| DUPLICATE SAMPLES COLLECTED <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | # OF SAMPLES RECEIVED _____ | |
| COLLECTOR SIGNATURE _____ | | | | TESTING LAB _____ | |
| LOCATION DUPLICATE SAMPLE HELD: _____ | | | | SAMPLE CONDITION _____ | |
| LAB SIGNATURE _____ | | | | | |
| ALL IDENTIFICATION NUMBERS | SEX | AGE | DATE & TIME OF DEATH | CAUSE OF DEATH IF KNOWN | TEST RESULTS |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |

OWNER/AGENT STATEMENT

THE TISSUES SUBMITTED WITH THIS FORM ARE FROM THE ANIMALS IDENTIFIED ON THIS FORM.

OWNER/AGENT SIGNATURE _____ DATE _____

VETERINARY SIGNATURE IF TISSUES COLLECTED BY VETERINARIAN _____ DATE _____

Two copies need to be sent to: Approved Diagnostic Lab with sample;

Please keep one copy for your records.

One copy please mail or faxed to:

Idaho Department of Agriculture, Bureau of Animal Industries, P.O. Box 7249, Boise, Idaho 83707. Ph. 208-332-8540; Fax # 208-334-4062

Instructions To Fill Out
CWD Sample Submission Form/ Death Certificate

1. Owners name if this animal is being boarded please put the owners name on the submission form.
2. Farm name and address is the name and address where the animal died.
3. Fax# and E- mail address is requested if you want the results returned by that means. This will decrease the turn around
 1. time by a day or two.
4. The date shipped needs to be written in, it would also be helpful to include the lab to which the sample was sent and any
 2. tracking numbers if available. Please only ask for expedited samples if the carcass is being held waiting results.
5. Remember to include payment or make arrangements in advance, failure to do so could result in the lab failing to conduct
 3. the tests required or releasing the results.
6. Please indicate if the sample was sent in formalin or on ice.
7. If duplicate samples are taken (Veterinarian must be trained and approved by state to collect duplicate samples) this block
 4. must be filled out.
8. All items in "Lab Accession #" box are for the Labs use only.
9. Please include ALL IDENTIFICATION numbers age and date of death and the cause if known. The lab will complete the
 5. test results box.
10. Please include all signatures needed.